



Delaware Department of Health and Social Services

Division of Substance Abuse and Mental Health

Consumer Reporting Form Training Manual

December 2004

CONSUMER REPORTING FORM TRAINING MANUAL

GENERAL INFORMATION

There are six forms in the set - the ADMISSION REPORT, the DISCHARGE REPORT, the DETOX DISCHARGE REPORT, the HOSPITAL DISCHARGE REPORT, the INTRA-AGENCY TRANSFER REPORT and the PSYCHIATRIC DIAGNOSIS. Each of these forms is a two part carbonless document. The Admission and Discharge forms are each two pages long (both pages are carbonless two part documents). All programs, both mental health and substance abuse, will use the Admission and Discharge reports but only mental health programs are required to use the Psychiatric Diagnosis report.

There are only slight differences between the Admission and Discharge reports.

- On Page 1 Skills Training and School Participation have different codes.
- On Page 2 there are different dates at the top of the form and the far right hand column is different.

The reason for repeating so many items at discharge illustrates the major change in purpose of these forms. In the past the Central Office of DSAMH was primarily concerned with statistics on how many people were in their programs. That concern has been broadened. Not only are we concerned about how many people receive treatment, but also how effective the treatment is. If a consumer is indicated as being potentially eligible for SSI on the Admission form and then eligible and receiving payment on the Discharge form, we know that your program is fulfilling one of the primary goals of the Division which is to facilitate the full use of entitlements by our consumers. If living arrangement and residential arrangement changes from alone and homeless to lives with non-relatives in adult foster care or if employment goes from unemployed-not looking to part time or volunteer, we know that you are meeting the Division's goals for housing and employment of our consumers.

The consumer MCI number is repeated on all sheets so that pages which become separated may be matched to each other.

What follows is a brief description of each item. Most items have codes for "unknown" and infrequently a code for "not collected". It may not be clear when to use "not collected". Unknown is meant for those situations when you simply do not collect this information. Its use is discouraged. For example, if your organization does not determine someone's Medicaid number, this field would be filled in with 999998 (making 999999998M). This allows us to know that you did not leave the field blank accidentally but in fact do not collect that information. Use the code for unknown for those items that you ordinarily collect but which is missing for this one consumer.

DSAMH maintains a 95% quality standard for CRF data. Each treatment unit will receive a monthly report card indicating their score for data accuracy which can range from 0 to 100.

For instance, if your organization ordinarily collects date of birth but you don't have that information for this consumer, fill it in with 07/07/77. Text fields can be filled with the words "NONE", "UNKNOWN" or "NOT COLLECTED". Numbers are filled with 6 or 96 for none, 7 or 97 for unknown, and 8 or 98 for not collected. Dates are coded 06/06/66 for none, 07/07/77 for unknown, and 08/08/88 for not collected. In alpha coded fields, Z is always not collected, U is always unknown, N is usually none, not applicable, or no but may occasionally mean something more specific to the question such as "Not of Hispanic Origin" under Ethnicity, "Lives with Non-relatives" under Living Arrangements, "Homeless" under Residential Arrangements etc.

NOTE: With the exception of Alert Information, check only one item for each box.

IMPORTANT TIPS FOR COMPLETING THE CRF FORM:

The acceptable default date fields are **06/06/2666, 07/07/2777 and 08/08/2888**. For sections of the form where only a two character century date is allowed, you should enter **06/06/66, 07/07/77 and 08/08/88**.

Generally the codes "NOT COLLECTED" and "UNKNOWN" should not be used for required fields.

If you don't use an "optional" field, fill in a default value, such as "NONE" or "UNKNOWN."

DATA ITEMS

Page 1 of Admission and Discharge Forms - Header

Treatment Unit Name Your organization's name. A treatment unit is defined as an identifiable organization or unit of an organization that usually resides at a single location (which it may share with other organizations) and is an identifiable cost center. A distinguishing characteristic of treatment units is that consumers do not move readily between them and the organization usually requires that some transfer paperwork be generated for such a move. Each treatment unit may offer a variety of services such as group therapy, job skills training, etc. such that every consumer in the unit may not receive exactly the same mix of services. Consumers may, in fact, receive services from more than one treatment unit simultaneously. The key to this definition is the organization's perception of that organizational unit has responsibility for the treatment of this consumer.

Treatment Unit ID # Treatment unit identification - CMHS number or CSAT number plus 2 digits assigned by DSAMH.

Last Name Consumer's last name (use formal name - Thomas)
First Name Consumer's first name (use formal name - William)
M.I. Consumer's middle initial (use formal name)

Must be the same for admission and discharge forms.

Modality (Select Only One) Check the appropriate box to indicate whether the consumer is admitted to the treatment unit as a Mental Health consumer, an Alcohol / Drug consumer, or as a Co-Occurring (MH & AD) consumer. Some treatment units will have all MH consumers, some all AD consumers, some all Co-Occurring consumers, or some a combination.

☐ MH Mental Health
☐ AD Alcohol / Drug
☐ DU Co-Occurring (MH & AD)
☐ GA Gambling

Must be the same for admission and discharge forms.

Street (Optional) Consumer's address

City	(Optional)
State	(Optional)
Zip	The first 5 digits are required; the last 4 are optional but appreciated if available.
99999-9996	none
99999-9997	unknown
99999-9998	not collected
County	(Required) Indicate the county of residence at admission or discharge
N	<u>N</u> ew Castle
K	<u>K</u> ent
S	<u>S</u> ussex
O	<u>O</u> ut of state
U	<u>U</u> nknown
Z	not collected
Home phone	(Optional)
(999)999-9996	none
(999)999-9997	unknown
(999)999-9998	not collected
Must be the same on both admission and discharge forms.	
DSAMH Admission Date	The date of admission to a DSAMH funded Treatment Unit. If a client is being transferred from a Non-DSAMH funded unit to a DSAMH funded unit, use the date of the transfer, not the original program admission date. No future dates and no unreasonably old dates are allowed.
Must be the same on both admission and discharge forms.	
06/06/66	in the unlikely event that there is none
07/07/77	in the less likely event that it is unknown
08/08/88	in the improbable event that you do not collect it
Birth Date	Consumer's date of birth. No future dates and no unreasonably old dates are allowed.
Must be the same on both admission and discharge forms.	
07/07/2777	unknown
08/08/2888	not collected

Must be the same on both admission and discharge forms. Should be the same as the left nine digits of the Medicaid number [(MCI #)M] plus a zero at the beginning.

Must be the same on both admission and discharge forms.

Expected to be the same on both admission and discharge records.

Must be the same on admission and discharge forms.

AA	<u>A</u> merican Indian/ <u>A</u> laskan Native
AP	AA plus other races
BL	<u>B</u> lack/African American
BP	BL plus other races
CA	white/ <u>C</u> aucasian
CP	CA plus other races
HA	Native Hawaiian/Other Pacific Islander
HP	HA plus other races
MU	Multiracial, Unspecified
PA	Asian
PP	PA plus other races
U	<u>U</u> nknown
Z	Not Collected

Ethnicity (Hispanic or Latino)

- P Puerto Rican
- M Mexican
- C Cuban
- O Other Hispanic
- N Not of Hispanic origin
- U Unknown

NOTE: The Race and Ethnicity fields are completed based on self-report. This is further clarified by the following quotes from the Federal Register (Vol. 62, No. 210, October 30, 1997, p. 58785).

“underscore that self-identification is the preferred means of obtaining information about an individual’s race and ethnicity, except in instances where observer identification is more practical (e.g., completing a death certificate).”

“do *not* tell an individual who he or she is, or specify how an individual should classify himself or herself.”

Background information on Race and Ethnicity from the Federal Register (Vol. 62, No. 210, October 30, 1997, p. 58789)

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Marital Status.

- M Married
- S Single - never married
- D Divorced

X	Separated
W	<u>W</u> idowed
U	<u>U</u> nknown

Primary Language	Consumer's primary language
------------------	-----------------------------

Must be the same on admission and discharge forms.

E	<u>E</u> nglish
S	<u>S</u> panish
M	sign (<u>M</u> anual) language
O	<u>O</u> ther
U	<u>U</u> nknown

Page 1 of Admission and Discharge Forms - Column 2

Residential Arrangement (The housing type where the client lives)

PU	<u>P</u> rivate house or residence - <u>U</u> nsupervised
PS	<u>P</u> rivate house or residence - <u>S</u> upervised
FC	adult <u>F</u> oster <u>C</u> are
BH	<u>B</u> oarding <u>H</u> ouse/Single Room Occupancy (SRO), YMCA
GU	<u>G</u> roup setting/community residence - <u>U</u> nsupervised
GS	<u>G</u> roup setting/community residence - <u>S</u> upervised
NH	<u>N</u> ursing <u>H</u> ome/ICF or SNF Facilities } 30 days or longer
CJ	<u>C</u> orrections facility/ <u>J</u> ail
I	other <u>I</u> nstitution (Includes acute care hospital, institution for mental diseases, etc.) greater than thirty (30) days
O	<u>O</u> ther
N	<u>N</u> one - on the street/in a shelter/homeless
U	<u>U</u> nknown

(NOTE: Supervised housing means that supervision is provided as a part of the housing arrangement, not supervision of the consumer in their residence by an unrelated Community Support Program (CSP). Support is 7 days by 24 hours.)

Homeless at any time during the past 30 days (HOMELESS)

Was the consumer homeless at any time during the 30 days prior to admission?

Y	<u>Y</u> es
N	<u>N</u> o
U	<u>U</u> nknown

Veteran Status

Veteran status – any active military service

Y	<u>Y</u> es
N	<u>N</u> o
U	<u>U</u> nknown

Health Insurance

The consumer's primary health insurance carrier; choose only one. If the consumer has more than one, chose the one most likely to pay for the majority of the services you give that will be paid for by any insurance. (Check the appropriate insurance carrier even if they will only pay for limited benefits and DSAMH will cover the rest.)

- M Medicare
- A medicAid
- E mEdicaid MCO
- C CHAMPUS
- B Blue Cross/Blue Shield
- V VA
- H HMO (service contract)
- G other Government funds for care
- P other Private commercial health insurance
- O Other
- N None
- U Unknown

Page 1 of Admission and Discharge Forms - Column 3

Education – Write in the Highest Grade Completed

- 01-08 Completed first through Eighth respectively
- 09 Completed Freshman year of High School
- 10 " " Sophomore year of High School
- 11 " " Junior year of High School
- 12 " " Senior year of High School
- 13 " " Freshman in College/9 months-1 yr. post secondary
- 14 " " Sophomore in College/2 yrs. post secondary
- 15 " " Junior in College/3 yrs. post secondary
- 16 " " Senior in College/4 yrs. post secondary
- 17 " " Graduate school at the masters level
- 18 " " Graduate school at the Ph.D./MD. level
- 19 " " Post doc. work
- 96 never completed any grade higher than preschool or kindergarten
- 97 unknown
- 98 not collected

NOTE: Post secondary programs that last less than a year should not be counted. If the person completed his senior year of high school and then 6 months of technical training, they would still be coded as 12. If he spent 9 months to a year in training, he would be coded as a 13. If the person completed 9th grade but no more and later got into a specialized training program, the highest grade they completed is still considered to be 9th and should be coded as 09.

Obviously this scheme cannot cover the many ways a person may acquire an education. Your judgment as to their level of accomplishment will have to be the final determinant.

Skills Training Participation Is or was the consumer in job skills training?

- C Current Involvement
- F Finished during treatment (discharge only)
- D Dropped out during treatment (discharge only)
- N None
- U Unknown

School Participation Is or was the consumer in school?

- C Current Involvement
- F Finished during treatment (discharge only)
- D Dropped out during treatment (discharge only)
- N None
- U Unknown

Primary Employment During The Past 30 Days

The consumer's current primary employment or source of earned income. If there is no earned income, use their primary daily activity. *If they are a student and work part time, mark part time here and student under secondary employment. If they are a student and don't work, mark student here and secondary employment as none.*

- F Full time (37.5 hours a week or more)
- P Part time (less than 37.5 hours per week)
- M Military Armed Forces, active duty (active reserves, reserves)
- L unemployed - Looking for work
- N unemployed - Not looking
- D Disabled/unable to work means that the consumer is so impaired by their disability that they are unable to engage in any form of part time or volunteer activity.
- H Homemaker
- S Student
- R Retired
- I Inmate or resident of an institution (This includes an acute care hospital, institution for mental diseases, nursing home, jail, prison, etc.) for over thirty (30) days.
- V Volunteer
- O Other
- U Unknown

Secondary Employment During The Past 30 Days

The consumer's current secondary employment or source of earned income. If there is no earned income, use the primary employment field to indicate the status and mark this field as none. *If they are a student and work part time, mark student here and part time under primary employment. If they are a student and don't work, mark student under primary and this field becomes none.*

- P Part time (less than 37.5 hours per week)
- M Military Armed Forces, active duty (active reserves, reserves)
- S Student
- V Volunteer
- O Other

N None
U Unknown

Page 1 of Admission and Discharge Forms - Column 4

Number of Arrests 30 Days Prior to Admission- Write in the Number of Arrests

Current Legal Involvement *Consumer's involvement in the legal system. If more than one applies, chose the most relevant.*

CP Charges Pending
SP convicted - Sentence Pending
UP sentenced - Unsupervised Probation (**SENTAC I**)
FS sentenced - Field Supervision (**SENTAC II**)
IS sentenced - Intense Supervision (**SENTAC III**)
QI sentenced - Quasi-Incarceration (**SENTAC IV**)
CJ sentenced - prison/Corrections/Jail (**SENTAC V**)
HX History of legal involvement but not current
N No current involvement or history
U Unknown

Consumer's Primary Source of Income *Enter the source of income for the consumer during the last 12 months, if available, or if not, the last calendar year.*

SS Social Security
SI SSI
SD SSDI
VD VA - Disability
VR VA - Retirement
UI Unemployment Insurance
IL ILlegal
E Employment
S Spouse
F Family/friends
A TANF (Temporary Assistance to Needy Families – formerly AFDC)
G General assistance
P Pension/retirement income (IRA, KEOGH, SEP, ESOP)
W Workman's comp.
D private Disability insurance
I Intestments/savings
O Other
N None
U Unknown

Consumer's Gross See Consumer's Primary Source of Income. Take

Income per Year the total from the last 12 months, if available, or if not, the last calendar (tax) year. "999999" is not allowed

999996 none
999997 unknown

Number Dependent on Consumer's Income See Consumer's Primary Source of Income. Report an average number if the consumer's dependents vary regularly.

01 - 20
97 unknown

Substance Abuse – Designated Codes Only
DSM-IV-TR Diagnosis
Axis I: Clinical Disorders

This is completed by A&D treatment programs only. Enter up to three substance abuse DSM-IV-TR diagnosis codes as appropriate. The most important Axis I diagnosis should be written first. The code is 3 digits or the letter V followed by 2 digits, decimal point, 2 digits. Use the DSM-IV-TR manual for correct codes.

	Intoxication	Withdrawal	Abuse	Dependence
Alcohol	303.00	291.81	305.00	303.90
Amphetamine	292.89	292.0	305.70	304.40
Cannabis	292.89	--	305.20	304.30
Cocaine	292.89	292.0	305.60	304.20
Hallucinogen	292.89		305.30	304.50
Inhalant	292.89		305.90	304.60
Opioid	292.89	292.0	305.50	304.00
Phencyclidine	292.89		305.90	304.90
Sedative, Hypnotic, Anxiolytic	292.89	292.0	305.40	304.10
Polysubstance	--	292.0	--	304.80
Other (Unknown)	292.89	292.0	305.90	304.90

Currently Pregnant

Y Yes
N No
U Unknown

Injection Drug Use Ever (History of needle use to consume illicit drugs in lifetime)

Y Yes
N No
U Unknown

Alert Information

MARK ALL THAT APPLY WITH AN "S" FOR SELF REPORT OR A "C" FOR CLINICIAN REPORT. Admission information is assumed to be by consumer report. If a clinician has confirmed the information, you may indicate that by writing a C in the []'s. At discharge, the information is assumed to be by clinician's report. If a clinician has not confirmed the information, indicate this by writing an S (for Self report) between the []'s.

S Yes - Self Report
C Yes - Clinician Report
N No
U Unknown - not collected for **this** consumer
Z Not Collected for any consumer

TB Active

TB History

History of substance abuse (may or may not have been treated)

History of mental illness (may or may not have been treated)

Psychiatric disability (may or may not be designated as disabled by the CMHC)

None of the above

Page 2 of Admission Form - Header

Date of First Contact *This is the date the person first came in contact with your treatment unit. It might be before or after the screening date but should be before or the same as the admission date. Contact may have been by phone or face-to-face but was with the consumer himself, not a third party.* No future dates and no unreasonably old dates are allowed.

06/06/66 none
07/07/77 unknown

Page 2 of Admission & Discharge Forms - Common Items - Column 1

Alcohol & Drug Use Matrix

This information is required from both mental health and substance abuse providers. The codes appear in the box surrounding the matrix. The Primary column is for the drug deemed the primary cause of problems for the user. If the consumer does not have a drug or alcohol problem, place an N (none) in the Substance Type under each column heading, Primary, Secondary, Tertiary, and draw a line down through the remaining boxes in each column, Frequency of Use, Route of Administration, Age of First Use. This

item does not apply to drugs given legally for therapeutic reasons.

Substance Type (“**Club Drugs**” are highlighted)

AL ALcohol
CO COcaine
CR CRack
ME **MEthamphetamine**
AM other AMphetamines (**This includes MDMA (methylenedioxymethamphetamine) – ECSTASY**, Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)
OS OSther Stimulants
HE HEroin
OP other OPiates and synthetics (This includes OxyContin, codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.)
MD non-prescription MDethaDone
BA BArbiturates (This includes Phenobarbital, Seconal, Nembutal, etc.)
SE other SEdatives or hypnotic (This includes chloral hydrate, Placidyl, Doriden, etc.) **{Until a better classification system is developed put (GHB/GBL gamma-hydroxybutyrate, gamma-butyrolactone) and Ketamine (Special K) here}**
BE BEnzodiazepine (This includes Diazepam, **Flunitrazepam (Rohypnol)**, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam and Halazepam.)
TR major TRanquilizers
CS CSough Syrup and mixtures
MA MArijuana/hashish (This includes THC and any other cannabis sativa preparations.)
PC PCP (Phencyclidine)
LS **LSD**
HA other HAllucinogens (This includes DMT, STP, mescaline, psilocybin, peyote, etc.)
IN INhalants (This includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
ST STeroids
OC OCver-the-Counter (This includes aspirin, Sominex, and any other legally obtained, non-prescription medication.)
O Other
N None
U Unknown
Z not collected

Admission Type (Leave blank until admitted)

V Voluntary admission
C Civil order (Involuntary commitment without a criminal charge)
J Judicial (court) order with a criminal charge - sentencing
U Unknown
N None

Previous treatment for mental health at any treatment unit during lifetime

Y Yes
N No
U Unknown

Previous alcohol and/or drug abuse treatment at any treatment unit during lifetime

Y Yes
N No
U Unknown

Source/Agency Code

This is the number for the agency that referred the consumer to you. The five character code comes from the Referral Agency List. This code list will be updated quarterly. As you identify agencies that are not on this list, we would appreciate it if you contact the MIS unit of DSAMH (577-4460). In the meantime, you should be able to use the more generic major category, such as AA000 for Individual, Employer, Church, or School.

T Transferred - responsibility for this consumer's treatment was relinquished by the transferring treatment unit and acquired by this treatment unit.
R Referred - the referring treatment unit called to set up the first appointment and informed the consumer of same
S Self-referred - the consumer was primarily responsible for establishing contact with this treatment unit
U Unknown

Social Support/Connectedness Was consumer enrolled in a support program, such as AA, NA, etc., 30 days prior to admission?

Y Yes
N No
U Unknown

Page 2 of Admission Form - Column 3

Frequency of use

N No use in past month
I Infrequent (1-3 times in past month)
O Often (1-2 times per week/4-8 times per month)
F Frequently (3-6 times per week/12-24 times per month)
D Daily
M More frequently than daily (2 or more times per day)
U Unknown
Z not collected

Route of administration

M	<u>M</u> outh (swallow)
S	<u>S</u> moke
B	<u>B</u> reathe/inhale/snort
V	intra <u>V</u> enous
I	other <u>I</u> njection (intramuscular or skin pop)
O	<u>O</u> ther
N	<u>N</u> one
U	<u>U</u> nknown
Z	not collected

Presenting problem

Presenting problem is the problem deemed most significant or the major reason for the person seeking help. List the three top problems at time of admission, starting with the primary problem.

SU	<u>S</u> Uicide threat/attempt
DS	<u>D</u> anger to <u>S</u> elf (non suicide)
DO	<u>D</u> anger to <u>O</u> thers
PC	<u>P</u> arent- <u>C</u> hild problem
MA	<u>M</u> Arital problem
FA	<u>F</u> Aamily problem
FI	<u>F</u> Iinancial problem
GA	<u>G</u> Ambing
SR	<u>S</u> ocial <u>R</u> elations (other than family)
AC	<u>A</u> Cting out/uncontrollable
AL	<u>A</u> Lcohol
DR	<u>D</u> Rug
AX	<u>A</u> n <u>X</u> iety/fears/phobias
DE	<u>D</u> Epression or mood disorder
OB	<u>O</u> Bsessions/compulsions
PA	<u>P</u> Aranoid feelings
IM	<u>I</u> Mpaired memory/disoriented
HA	<u>H</u> ALLucinations/delusions
SO	<u>S</u> OMatic concerns
MD	<u>M</u> e <u>D</u> ical problems
SX	<u>S</u> e <u>X</u> ual problems
FD	physical <u>F</u> unction <u>D</u> isturbance
DL	problems coping with <u>D</u> aily <u>L</u> iving roles and activities
CJ	<u>C</u> riminal <u>J</u> ustice
EA	<u>E</u> Ating disorder
TH	<u>T</u> Hought disorder
AB	<u>A</u> Buse/assault/rape victim
RU	<u>R</u> Unaway behavior
O	<u>O</u> ther
N	<u>N</u> one
U	<u>U</u> nknown

Expected source of payment *This is the party expected to pay the major portion for the consumer's care.*

- D DSAMH
- I Individual resources (patient's or patient's family)
- B Blue Cross/Blue Shield
- H HMO (service contract)
- P other Private commercial health insurance
- M Medicare
- A MedicAid
- E Medicaid MCO
- V Veterans Administration
- C CHAMPUS
- W Worker's compensation
- G other Government sources
- S SENTAC
- O Other
- N None, provider absorbs total cost (charity, research, teaching)
- U Unknown

Age of first use

- 1 newborn/addicted at birth
- 1 - 95
- 96 none
- 97 unknown
- 98 not collected

Page 2 of Admission and Discharge Forms - Common Items - Footer

Primary therapist or case manager - enter their name and ID. If an existing numbering system doesn't exist, the last six digits of the person's SSN is recommended.

Person completing form - enter their name and ID.

Date of completion - This is the date the form was completely filled in.

Page 2 of Discharge Form - Header

Date of Last Treatment ***Must be a face-to-face contact.*** No future dates and no unreasonably old dates are allowed.

06/06/66	none
07/07/77	unknown
08/08/88	not collected

DSAMH Discharge Date The date of discharge or discontinuation from a DSAMH funded treatment unit. No future dates and no unreasonably old dates are allowed.

06/06/66	none
07/07/77	unknown
08/08/88	not collected

Page 2 of Discharge Form - Column 2

Discharge Reason Indicate the discontinuation reason which best describes why this person was discharged from the treatment unit.

(NOTE: The "treatment unit" is key concept used in the completion of this form. A treatment unit is defined as a unit which provides treatment or prevention services to a consumer population. It typically has an identified location(s), dedicated staff and a separate budget or cost center. An **Agency** may have one or more **Programs** which operate one or more **Treatment Units**. Examples of a treatment unit include a detoxification center, residential program, continuous treatment team, halfway house, outpatient counseling clinic, etc.

G	Program at this facility completed - All <u>G</u> oals met.
S	Program at this facility completed - <u>S</u> ome goals met.
E	<u>E</u> ligibility has lapsed, no longer eligible
D	consumer <u>D</u> ied
F	<u>F</u> ailure to meet treatment unit requirements, broke the rules
A	<u>A</u> dministrative discontinuation, lost contact
C	<u>C</u> orrections, jail
R	<u>R</u> efused service (ex. refused counseling, left against medical advice)
T	<u>T</u> reatment continued in another treatment unit (didn't complete treatment)
O	<u>O</u> ther
U	<u>U</u> nknown

Functioning improved

Answer "YES" if the consumer's functioning, based on the substance abuse or mental health problem for which they were admitted, improved during the course of treatment?

Answer "NO" if the consumer's functioning remained the same or worsened.

Y Yes
N No
U Unknown

Was the Consumer's drug dependence reduced?

*Answer "YES" if the consumer's dependence on or abuse of drugs and/or alcohol lessened during the course of treatment. Answer "NO" if the dependence remained the same or worsened. **DEPENDENCE** is defined as the state of being determined, influenced, or controlled by something else (e.g. drugs & alcohol).*

Y Yes
N No
X not Applicable
U Unknown

Destination Agency Code

(Please write in the **five (5)** character code listed in the current version of the Referral Agency List. The Referral Agency List is now available on the DSAMH web site.
<http://www.state.de.us/dhss/dsamh/dmhhome.htm>)

These are the agencies that you referred the consumer to. The five character code comes from the Referral Agency List. This code list will be updated quarterly. As you identify agencies that are not on this list, we would appreciate it if you contact us. In the meantime, you should be able to use the more generic major category. The Primary agency should be the one you transferred the consumer to or the one that will have the most to do with the consumers continued treatment. Enter N followed by four blanks for none and U followed by four blanks for unknown.

N None
U Unknown

For each agency you will indicate what kind of transfer or referral was made.

T Transferred - responsibility for this consumer's treatment was relinquished by this treatment unit and acquired by another treatment unit.
R Referred - this treatment unit called to set up the first appointment and informed the consumer of same.
A Additional services were advised but a transfer or referral was not done.
N No additional services were advised.
U Unknown.

EXAMPLE 1: The consumer completes the program, completes treatment, and continues his/her treatment in another program by referral, complete the CRF as follows...

Discontinuation Reason = **G (Program here completed, all goals met)**

Primary Destination Agency Code = **[NA005]**
BCI Lancaster Outpatient Clinic
"R" Referred

Secondary Destination Agency Code = **[FA018]**
NCC CMHC 809 Washington Street
"R" Referred

Tertiary Destination Agency Code = **[AB010]**
Alcoholics Anonymous
"A" Advised Further Service

EXAMPLE 2: The consumer does not complete the program, does not complete treatment, and continues his/her treatment in another program by direct transfer, complete the CRF as follows...

Discontinuation Reason = **T (Treatment Continued in another program)**

Primary Destination Agency Code = **[EA020]**
Delaware Psychiatric Center – K3
"T" Transferred

Secondary Destination Agency Code = **[FA018]**
NCC CMHC 809 Washington Street
"R" Referred

Tertiary Destination Agency Code = **[AB011]**
Narcotics Anonymous
"A" Advised Further Service

PSYCHIATRIC DIAGNOSIS FORM: Required for all MH programs, all A&D CTT programs, and OPTIONAL for all other A&D programs

Last Name	Consumer's last name
First Name	Consumer's first name
M.I.	Consumer's middle initial

MCI #	MCI ID number (also called PACT number)
-------	---

9999999996	none
9999999997	unknown

Treatment Unit ID #	Treatment unit identification - CMHS number or CSAT number plus 2 digits assigned by DSAMH.
---------------------	---

Axis I	The most important Axis I diagnosis should be written first. The code is 3 digits or the letter V followed by 2 digits, decimal point, 2 digits. Use the DSM-IV-TR manual for correct codes.
--------	--

999.97	unknown
999.98	not collected
V71.09	none

Axis II	The most important Axis II diagnosis should be written first.
---------	---

999.97	unknown
999.98	not collected
V71.09	none

NOTE: Please indicate which is the Primary Diagnosis by placing a check in the []'s after it. "When a person receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for occasioning the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. The principal diagnosis may be an Axis I or an Axis II diagnosis..." (Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition – Text Revision), American Psychiatric Association)

Axis III Physical Disorders or Conditions

999.96	none
999.97	unknown
999.98	not collected

Axis IV Psychosocial and Environmental Problems

- ☐ Problems with primary support group (*Specify*)_____
- ☐ Problems related to the social environment (*Specify*)_____
- ☐ Educational problems(*Specify*)_____
- ☐ Occupational
problems(*Specify*)_____
- ☐ Housing
problems(*Specify*)_____
- ☐ Economic
problems(*Specify*)_____
- ☐ Problems with access to health care
services(*Specify*)_____
- ☐ Problems related to interaction with the legal system/crime(*Specify*)_____
- ☐ Other psychosocial and environmental problems (*Specify*)_____

Axis V Global Assessment of Functioning Scale

Score

997 unknown

998 not collected

Time Frame: Current, Last Month, Last Quarter, Last Year, Other

Physician Formulating/Confirming Diagnosis - Print their name and ID.

Date of completion This is the date the diagnosis was done.

Signature This is the signature of the physician formulating/confirming the diagnosis.